



RIDOT EMERGENCY CONTACT FORM

In the event you are involved in an accident or other emergency while at work, it is very important that we have on file the name(s) of person(s) you would want to be contacted. We, therefore, urge you to print out this form and complete the information requested.

Name: _____

Address: _____

Phone #: _____

Primary person to be notified in case of an accident or emergency:

Name: _____

Relationship: _____

Home Address: _____

Telephone #: _____

Business Address: _____

Business Telephone #: _____

Secondary person to be notified in case of emergency.

Name: _____

Relationship: _____

Home Address: _____

Telephone #: _____

Business Address: _____

Business Telephone #: _____

**Please be sure to keep this form updated with the RIDOT/Human Resources Office,
Room 214, Two Capitol Hill, Providence, RI 02903.**